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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/572,378			ing Date 16/2006	To be Mailed		
APPLICATION AS FILED — PART I (Column 1) (Column 2)								SMALL	ENTITY	OTHER THAN OR SMALL ENTITY				
	FOR	N	NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)		
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A			N/A			
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A			
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A			
	CFR 1.16(i))		minus 20 =		*			x \$ =		OR	x \$ =			
IND	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =		*			x \$ =		1	x \$ =			
	APPLICATION SIZE (37 CFR 1.16(s))	shee is \$2 addi	If the specification and d sheets of paper, the app is \$250 (\$125 for small e additional 50 sheets or f 35 U.S.C. 41(a)(1)(G) ar			olication size fee due entity) for each fraction thereof. See								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))														
* If t	he difference in col	umn 1 is less than	r "0" in coluı		TOTAL			TOTAL						
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)									SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
AMENDMENT	06/07/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1.16(i))	* 1	Minus	** 20		= 0		x \$ =		OR	X \$52=	0		
	Independent (37 CFR 1.16(h))	* 1	Minus	***3		= 0		X \$ =		OR	X \$220=	0		
	Application Size Fee (37 CFR 1.16(s))													
′	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR				
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0		
		(Column 1)		(Columi		(Column 3)								
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1.16(i))	*	Minus	**		=		x \$ =		OR	x \$ =			
	Independent (37 CFR 1.16(h))	*	Minus	***		=		x \$ =		OR	x \$ =			
	Application Size Fee (37 CFR 1.16(s))													
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								TOTAL ADD'L FEE	octrumont C	OR	TOTAL ADD'L FEE			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

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